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OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 A 12/7/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445458	A. BUILDING _____ B. WING _____	11/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS HEALTH CARE CENTER	1101 PERSIMMON RIDGE RD JONESBOROUGH, TN 37659

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy and procedure, and	F 157	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding. F157 1. Therapist involved was in-serviced regarding reporting of resident's change in condition to licensed nurse and the Medical Director at time of occurrence on 11/2/11 by Rehabilitation Manager. 2. Audit of therapy notes from 9/1/11 through 11/2/11 were reviewed by Director of Nursing and Rehabilitation Manager and no other residents were identified as being affected.	11/11/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lori J. Goodman	Administrator	11/11/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 interview, the facility failed to notify the physician of an injury in a timely manner for one resident (#10) of eighteen resident's reviewed. The findings included: Resident #10 was readmitted to the facility on April 13, 2011, with the diagnoses including: Cervical (C) Spine Fractures to C1-C4 with cord injury, C5-C7 with cord injury, Quadriplegia, Lack of coordination, Drug Abuse and Urinary Retention. Medical record review of the Minimum Data Set (MDS), dated September 1, 2011, revealed the resident had no memory or cognitive impairments. Review of facility documentation, dated April 11, 2011, revealed"...on 04/08/11 at approximately 7 p.m., pt (patient) reported hearing a "pop" and denied any pain and there were no signs of structural disalignment ...pt requested to be sit in long sitting stretch and a short soft pop was heard by OT, PTA (physical therapy assistant) and patient...left knee was noted slightly larger than right knee with no reports of discomfort even on palpation..." Continued medical review of a patient report, dated April 9, 2011, at 10:57 a.m., revealed the resident did not complain of any pain to the left lower extremity until 6:00 a.m., on April 9, 2011 "...the physician was notified with an order to obtain an x-ray of the left lower extremity..." Further medical record review revealed "... there is a moderately displaced fracture of distal shaft of femur, moderate osteoporosis, mild	F 157	3. All physical therapists, occupational therapists, speech therapists, physical therapy assistants, occupational therapy assistants, speech therapy assistants, and licensed nurses were in-serviced by Director of Nursing and Rehabilitation Manager on 11/2/11 through 11/11/11 on the reporting to physician of any resident injury in a timely manner. 4. All therapy notes will be reviewed by Rehabilitation Manager, or Assistant Director of Nursing, or Director of Nursing daily on residents on therapy caseload for one week. Then therapy notes on 10 residents will be reviewed weekly for three weeks. Then monthly for two months and/or until 100% compliance. Results of these audits will be brought to the Quality Assurance/Performance Improvement committee by the Director of Nursing. The Quality	

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F 157	Continued From page 2 osteoarthritis...sent to ER (emergency room) 04/09/11 @ 11:00 a.m..." Review of the facility's policy, "Change on Resident's Condition and Status", revealed"...nursing services will notify the resident's attending physician when...the resident is involved in any accident or incident; including injuries of an unknown source..." Interview with PTA (physical therapy assistant), on November 2, 2011, at 10:05 a.m., in the conference room, revealed"...resident # 10 did not complain of pain to the left lower extremity (knee)..." Telephone interview with LPN #1, on November 2, 2011, at 10:25 a.m., revealed...CNA #1 told me that...left extremity was swollen at 6:00 a.m. (04/09/2011) and resident was complaining of pain...we applied ice to the extremity, notified the physician...obtained xray...and sent to the ER" Interview with the Director of Nursing, on November 2, 2011, at 10:55 a.m., in the conference room, confirmed the facility had not notified the physician in a timely manner regarding the injury until April 9, 2011, at 6:00 a.m. (11 hours after the injury had occured).	F 157	Assurance/Performance Improvement Committee consists of Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Activity Director, Assessment Nurse, Medical Director, Housekeeping/Laundry Supervisor, Social Worker, Therapy manager and Maintenance Director.	
F 368 SS=D	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a	F 368	F368 1. Resident #9 was offered a bedtime snack on 11/2/11 and will be offered a bedtime snack each night by nursing assistant. Resident #11 was offered a bedtime snack on 11/2/11 and will be offered a bedtime snack each night by .	

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F 368	Continued From page 3 substantial evening meal and breakfast the following day, except as provided below. The facility must offer snacks at bedtime daily. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to offer bedtime snacks for three (#9, #11, #12) of eighteen residents reviewed. The findings included: Resident #9 was admitted to the facility on June 3, 2011, with diagnoses including Fractured Ankle, Diabetes, and Peripheral Vascular Disease. Medical record review of the Minimum Data Set dated September 6, 2011, revealed the resident scored 12 out of 15 on the Brief Interview for Mental Status (8-12 moderately impaired) makes self understood and is able to understand others. Resident #11 was readmitted to the facility on April 13, 2011, with diagnoses including Fractured Femur, Paraplegia, and Urine Retention. Medical record review of the Minimum Data Set dated September 30, 2011, revealed the resident	F 368	nursing assistant. Resident #12 was offered a bedtime snack on 11/2/11 and will be offered a bedtime snack each night by nursing assistant. 2. All active residents medical records were reviewed for documented bedtime snack acceptance by the Director of Nursing on 11/4/11. No other residents were found to be affected. 3. All licensed nurses and nursing assistants was inserviced by the Director of Nursing on 11/2/11 through 11/4/11 on ensuring bedtime snacks are offered to each resident daily in the facility. 4. The Charge Nurse will monitor snack cart daily for one week, then weekly for three weeks, and then monthly for two months and/or until 100% compliance to verify bedtime snacks were offered and passed. The Director of Nursing will also review documentation of bedtime snacks. Audit results will be brought by the Director of Nursing to the Quality Assurance/Performance Improvement Committee for review. Quality Assurance/Performance Improvement Committee consists of Administrator, Director of	

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F 368	Continued From page 4 scored 15 out of 15 on the Brief Interview for Mental Status (13-15 cognitively intact) Resident #12 was admitted to the facility on May 1, 2006, with diagnoses including Generalized Anxiety, Hypertension, and Cerebrovascular Accident. Medical record review of the Minimum Data Set dated October 4, 2011, revealed the resident scored 12 out of 15 on the Brief Interview for Mental Status. (8-12 moderately impaired) Interview with resident #9 on November 1, 2011, at 3:35 p.m., in the resident's room, confirmed bedtime snacks were not offered. Interview with resident #11 on November 1, 2011, at 1:30 p.m., in the resident's room, confirmed bedtime snacks were not offered. Interview with resident #12, on November 1, 2011, at 10:30 a.m., in the resident's room, confirmed bedtime snacks were not offered. Interview on November 1, 2011, at 3:15 p.m., with the Dietary Manager, in the kitchen, confirmed bedtime snacks are sent to the floor at approximately 7:00 p.m., and confirmed a lot of snacks are returned to dietary. Interview on November 1, 2011, at 3:25 p.m., with CNA (certified nursing assistant) #1, in the hall, confirmed bedtime snacks are not offered to every resident. c/o #28581	F 368	Nursing, Assistant Director of Nursing, Dietary Manager, Activity Director, Assessment Nurse, Medical Director, Housekeeping/Laundry Supervisor, Social Worker, Therapy manager and Maintenance Director.	

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F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	F441 1. The Director of Nursing immediately placed isolation sign on resident #10's door when identified on 11/1/11. Resident careplan was also updated for self-removal of sign on 11/1/11. Family member of resident #10 was educated by Director of Nursing on 11/1/11 regarding contact isolation. Director of Nursing added contact precautions, which include signage, on residents #10 Medication Administration Record and licensed nurse will check and sign off each shift. Physician Order was received on 11/8/11 to discontinue isolation precautions for resident #10. 2. All residents in contact isolation were audited for signage on door to alert staff and visitors of the precautions on 11/1/11 by the Director of Nursing. No other residents were found to be affected. 3. All facility staff including licensed nurses, certified	

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F 441	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview the facility failed to post signage to alert staff and visitors of contact isolation precautions for one (#10) of eighteen residents reviewed. The findings included: Resident #10 was readmitted to the facility on September 26, 2011, with diagnoses of Anemia, Hypokalemia, Dementia, Hypertension, and Muscle Weakness. Medical record review of a physicians order, dated September 27, 2011, revealed resident #10 was placed in contact isolation on September 27, 2011. Contact isolation precautions were implemented due to the presence of Clostridium Difficile identified in the resident's stool sample. Observation on October 31, 2011, at 11:10 a.m., revealed a contact isolation cart containing Personal Protective Equipment (PPE, gowns, gloves, ect.) outside the resident's room. There was no signage to alert staff and visitors of contact isolation precautions, prior to contact with resident #10, or contact with resident #10's environment. Observation on October 31, 2011, at 2:00 p.m. and November 1, 2011, at 7:30 a.m., revealed no signage on the residents door to alert staff or visitors of the contact isolation precautions. Observation on November 1, 2011, at 12:25 p.m.,	F 441	nursing assistants, dietary, housekeeping, laundry, activity, maintenance and administrative staff were inserviced by Director of nursing 11/1/11 through 11/11/11 on isolation precautions and signage. All orders for contact isolation will be placed on the Medication Administration Record. 4. Daily audit for isolation precaution signage will be completed by the Director of Nursing or Assistant Director of Nursing for one week, then once weekly for three weeks, then once monthly for two months and/or until 100% compliance. Audits results will be brought by the Director of Nursing to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of Administrator, Director of Nursing,	

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F 441	Continued From page 7 revealed the resident in the bed with a visitor at the bedside. The visitor was not wearing gloves and was in direct contact with resident # 10's environment. Further observation revealed no signage to alert staff or visitors of contact precautions. Interview with the Director of Nursing on November 1, 2011, at 12:25 p.m., outside the resident's room, confirmed there was no signage in place to alert visitors and staff, prior to entering the resident's room, regarding contact isolation precautions and appropriate signage was not in place.	F 441	Assistant Director of Nursing, Dietary Manager, Activity Director, Assessment Nurse, Medical Director, Housekeeping/Laundry Supervisor, Social Worker, Therapy manager and Maintenance Director.	
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain lab specimens/results as ordered by the physician for two (#9, #3) residents of eighteen residents reviewed. The findings included: Resident #9 was admitted to the facility on June 3, 2011, with diagnoses including Fractured Ankle, Diabetes, and Hypertension. Medical record review of a physician's order dated September 28, 2011, revealed, "...Repeat urine C &S (culture and sensitivity) in (one)	F 502	F502 1. The physician and responsible party of resident #9 were notified on 10/31/11 by the Director of Nursing of the lab results. Physician orders received and noted by licensed nurse on 11/1/11 for resident #9. Resident #3 responsible party and physician were notified on 11/1/11 by the Director of Nursing of the lab results. Physician orders received and noted by licensed nurse on 11/1/11 for resident #3. 2. All resident's lab orders were audited on 11/1/11 by Director of Nursing, Assistant Director of	

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F 502	Continued From page 8 week..." Medical record review of a laboratory report dated October 5, 2011, revealed, "...Urinalysis...Leukocytes Esterase Large...Range negative...Nitrites Positive...Range Negative..." Medical record review revealed no culture and sensitivity report. Medical record review of the physician's recapitulation orders dated September 1, 2011, through September 30, 2011, and October 1, 2011, through October 31, 2011, revealed, "...CBC (complete blood count), CMP (complete metabolic profile) every week..." Medical record review revealed no laboratory reports for the CBC and CMP the week of September 21, 2011, September 28, 2011, and October 5, 2011. Interview on October 31, 2011, at 2:00 p.m., with the Director of Nursing, in the conference room, confirmed the urine C & S had not been completed. Interview on November 1, 2011, at 3:00 p.m., with the Director of Nursing, in the conference room, confirmed the CBC and CMP had not been obtained the week of September 21, 28, 2011, and October 5, 2011. Resident #3 was admitted to the facility on May 25, 2010, with diagnoses including Vascular Dementia with Depression, Dysphagia, and Parkinson's Disease. Medical record review revealed a TSH (thyroid	F 502	Nursing and Minimum Data Set nurse. 3. All licensed nurses were inserviced on lab order process by Assistant Director of Nursing or Director of Nursing from 10/31/11 through 11/2/11. All licensed nurses were inserviced by Synergy Lab and the Director of Nursing on 11/7/11 through 11/8/11 regarding their lab system and paperwork. 4. All labs will be audited daily to ensure completion by Assistant Director of Nursing or Director of Nursing daily for one week, then 10 resident charts weekly for three weeks, then monthly for two months and/or 100% compliance. Audit results will be brought by the Director of Nursing to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consist of Administrator,	

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F 502	Continued From page 9 stimulating hormone) was obtained on August 3, 2011, with high abnormal results of over 100.00 (normal 0.34 - 5. 60). Medical record review revealed a physician's order was later received (no date) to obtain a TSH in one month. Medical record review revealed no documentation the lab specimen was obtained. Interview with the Director of Nursing (DON) in the DON's office on November 2, 2011, at 11:00 a.m., confirmed the lab specimen was not obtained as ordered.	F 502	Director of Nursing, Assistant Director of Nursing, Dietary Manager, Activity Director, Assessment Nurse, Medical Director, Housekeeping/Laundry Supervisor, Social Worker, Therapy manager and Maintenance Director.	